PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

018367-9795-01

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
<u> </u>			(Column 1) (Column 1)			mn 2)	ı	TYPE [OR	SMALL	ENTITY
TOTAL CLAIMS			21					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			21 minus 20= *					XS 9=		OR	X\$18=	18
INDEPENDENT CLAIMS			Z minus 3 = * -					X43=		OR	X86=	
ML	JLTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* 11	the difference	e in column 1 is	less than zero, enter "0" in column 2			1	TOTAL		OR	TOTAL	788	
CLAIMS AS AMENDED - PART II										_	OTHER	THAN
		(Column 1)		(Column 2)			. – · <u> </u>	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		<u>.</u>		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MI	Minus	***	MIA I	-		X43=		OR	X86=	
<u> </u>	111101111202	·	JEIN EE DEI	·		<u> </u>		+145=		OR	+290=	
								TOTAL ODIT, FEE		OR	. TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)											ADDII: 1 EE 1	
f	. <u> </u>	CLAIMS		HIGHES		(00:0:1:11 0)) ₋		ADDI-	1	, 	ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	SLY	PRESENT		RATE	TIONAL		RATE	TIONAL
	Total	*	Minus	**		=	l	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=		X43=	·	OR	X86=	·
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
										OR.	TOTAL ADDIT, FEE	÷
			DDIT. FEE			-DOM: FCCE	·					
AMENDMENT C	`	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	·	(Column HIGHES NUMBE PREVIOUS PAID FO	T R SLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	T	X43=		OR	X86=	÷
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un l		
• #	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	•
** t	f the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THIS	SPACE is le	ss than	20, enter "20,"	A	TOTAL DOIT. FEE	•	OR ,	TOTAL DDIT. FEE	
		ber Previously Paid					foun	d in the app	ropriate box	in colu	ımn 1.	